

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Form No. 1

(1) PLACE OF BIRTH

County of Hamber
 Township of Janelle
 OR
 Inc. Town of
 OR
 City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

35243

Registration District No. 2903 Registered No. 50
 (For use of Local Registrar)

(2) Full Name of Child Rosa Lee Jones If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 13 22
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jesse Jones
 (9) PRESENT POSTOFFICE OF FATHER Clinton S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40
 (Year) (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farm laborer
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Dillard
 (15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 36
 (Year) (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farm work
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ida X Dillard
 (24) State whether Physician or Midwife The midwife (25) Address of Physician or Midwife Clinton S.C.

Given name added from a supplemental report

(26) Witness Minnie X Dillard
 (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Oct 20 22 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.